Foreword

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Consulting Editors

Before I came here I was confused about this subject. Having listened to you, I am still confused, but on a higher level.

—Enrico Fermi

The His-Purkinje system was discovered in the 19th century, and it was recognized that it was responsible for swift conduction of the electrical impulse from the atrium to the ventricle, allowing for synchronous depolarization of both ventricles. Over the years, our understanding of physiology and pathology of the His-Purkinje system has evolved, but we are still refining our understanding about arrhythmias and arrhythmia mechanisms. As a case in point, in the early 1990s, we used to talk about “idiopathic left ventricular tachycardia” or ILVT, originating from the mid-septal left ventricle as a unique arrhythmia. Soon thereafter, the broader concept of fascicular ventricular tachycardias was appreciated and ILVT was recognized as one form of fascicular ventricular tachycardia.

The His-Purkinje system has been shown to play a central role in many electrophysiologic disorders encountered in practice. First, it was recognized that a diseased His-Purkinje system may lead to atrioventricular conduction disorders resulting in bradycardias. The His-Purkinje system is also necessary for perpetuation of both typical and atypical forms of atrioventricular re-entrant tachycardias as well as bundle branch re-entry and fascicular ventricular tachycardia. More recently, automaticity in the His-Purkinje system has been found to be responsible for the initiation and perpetuation of focal ventricular tachycardia and,

more ominously, ventricular fibrillation in otherwise normal hearts.

In this issue of the *Cardiac Electrophysiology Clinics*, Dr Masood Akhtar is guiding us through the physiology and pathology of the His-Purkinje system relevant for clinicians, illustrated with clinical cases covering all aspects of this essential structure. Dr Akhtar is impeccably qualified for this contribution, having described many physiologic concepts regarding the His-Purkinje system as well as clinical arrhythmias originating in the conduction system.

This issue of the *Cardiac Electrophysiology Clinics* should be required reading for all electrophysiology fellows in training and clinicians in practice. We hope that the readers will enjoy reading it and find it useful in enhancing their understanding of clinical arrhythmias originating in the His-Purkinje system.

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